

Please type a plus sign [+] inside this box → ☐

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with initial Filing or <input type="checkbox"/> Declaration Submitted after initial Filing (surcharge required) (37 CFR 1.16 (e))	Attorney Docket No.	PAT-00344
	First Named Inventor	Hubert BAUMGART, et la.
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	July 11, 2005
	Group Art Unit	
	Examiner Name	

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention **entitled:**

MULTI-COMPONENT SYSTEM AND THE USE THEROF FOR PRODUCING A TRIPLE CURE MIXTURE WHICH CAN BE HARDENED THERMALLY AND BY MEANS OF ACTINIC RADIATION
(Title of the Invention)

The specification of which:

☒ is attached hereto

☒ Was filed on **19. November 2003** as PCT International Application Number **PCT/EP2003/012917** was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application

I hereby claim foreign priority benefits under 35, U.S.C § 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365 (a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below, by checking the box, any foreign application(s) for patent or inventor's certificate, or any PCT international application(s) having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date DATE/MONTH/YEAR	Priority Not Claimed	Certified Copy Attached? Yes No	
10300798.9	Germany	13. January 2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application number are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

☐ I hereby claim the benefit under 35 U.S.C 119(e) of any United States provisional application(s) listed below:

APPLICATION NUMBER(S)	FILING DATE	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

PAT-00344

DECLARATION —	Utility or Design Patent Application
---------------	--------------------------------------

POWER OF ATTORNEY

☒ I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

<input checked="" type="checkbox"/> Customer Number	<input type="text" value="26922"/>	or	<input type="checkbox"/> Correspondence address below
---	------------------------------------	----	---

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])	Hubert	Family Name Or Surname	BAUMGART
Inventor's Signature	Date		March 31, 2005
Residence: City	48163 Münster	Country	Federal Republic of Germany
		Citizenship	German
Mailing Address	Am Dornbusch 44 a		
City	48163 Münster	Zip	48163

DECLARATION —	Utility or Design Patent Application
---------------	--------------------------------------

POWER OF ATTORNEY

☒ I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

<input checked="" type="checkbox"/> Customer Number	<input type="text" value="26922"/>	or	<input type="checkbox"/> Correspondence address below
---	------------------------------------	----	---

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name OF SECOND INVENTOR(S):		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])	Vincent	Family Name Or Surname	COOK
Inventor's Signature	Date		March 31, 2005
Residence: City	48165 Münster	Country	Federal Republic of Germany
		Citizenship	American
Mailing Address	Tulpenweg 21		
City	48165 Münster	Zip	48165

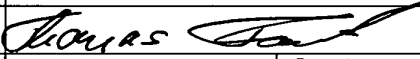
DECLARATION —	Utility or Design Patent Application
---------------	--------------------------------------

POWER OF ATTORNEY

☒ I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

<input checked="" type="checkbox"/> Customer Number	<input type="text" value="26922"/>	or	<input type="checkbox"/> Correspondence address below
---	------------------------------------	----	---

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name OF ADDITIONAL INVENTOR(S):		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])	Thomas		Family Name Or Surname
Inventor's Signature			Date
Residence: City	48727 Billerbeck	Country	Federal Republic of Germany
		Citizenship	German
Mailing Address	Hahnenkamp 21 HUCKENBACH 7a		
City	48727 Billerbeck	Zip	48727

DECLARATION —	Utility or Design Patent Application
---------------	--------------------------------------

POWER OF ATTORNEY

☒ I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

<input checked="" type="checkbox"/> Customer Number	26922	or	<input type="checkbox"/> Correspondence address below
---	--------------	----	---

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name OF ADDITIONAL INVENTOR(S):		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])	Sandra	Family Name Or Surname	HASSE
Inventor's Signature	<i>Sandra Hasse</i>		Date <i>March 31 2005</i>
Residence: City	48317 Drensteinfurt	Country	Federal Republic of Germany
		Citizenship	German
Mailing Address	Herrenstien 79 b		
City	48317 Drensteinfurt	State	Zip 48317

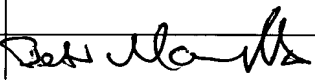
DECLARATION —	Utility or Design Patent Application
---------------	--------------------------------------

POWER OF ATTORNEY

☒ I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

<input checked="" type="checkbox"/> Customer Number	<input type="text" value="26922"/>	or	<input type="checkbox"/> Correspondence address below
---	------------------------------------	----	---

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name OF ADDITIONAL INVENTOR(S):			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])	Peter		Family Name Or Surname	MAYENFELS
Inventor's Signature			Date	March 31, 2005
Residence: City	48163 Münster	Country	Federal Republic of Germany	Citizenship German
Mailing Address	Plutoweg 10			
City	48163 Münster	Zip	48163	

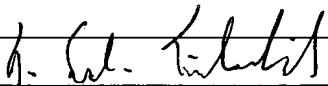
DECLARATION —	Utility or Design Patent Application
---------------	--------------------------------------

POWER OF ATTORNEY

☒ I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

<input checked="" type="checkbox"/> Customer Number	<input type="text" value="26922"/>	or	<input type="checkbox"/> Correspondence address below
---	------------------------------------	----	---

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name OF ADDITIONAL INVENTOR(S):			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Guido		Family Name Or Surname	SCHULZE-FINKENBRINK	
Inventor's Signature			Date	March 31, 2005	
Residence: City	48165 Münster	Country	Federal Republic of Germany	Citizenship	German
Mailing Address	Kortumweg 4				
City	48165 Münster	Zip	48165		